

MAIL FORM AND FEE TO:
Department of Labor and Industries
Electrical Licensing & Certification
PO Box 44460
Olympia, WA 98504-4460
www.Lni.wa.gov/scs/electrical



ASSIGNMENT OF ADMINISTRATOR/MASTER CERTIFICATE

ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO:
Department of Labor and Industries

Assignment Fee: \$34.00

Name: (Last name, first name, middle initial)			Date:
Mailing Address:			Certificate Number:
City:	State:	Zip Code:	Daytime Phone: (Include area code)

PLEASE REVISE MY STATUS AS SHOWN BELOW (Use both blocks if necessary):

AS OF:				I WILL BE ASSIGNED TO:
	Month	Day	Year	
(Electrical/Telecommunications Contractor Name)				Contractor License Number:
City:		State:	Zip Code:	

AS OF:				I WILL BE UNASSIGNED FROM:
	Month	Day	Year	
(Electrical/Telecommunications Contractor Name)				Contractor License Number:
City:		State:	Zip Code:	

I AGREE TO PERFORM THE DUTIES OF THE ADMINISTRATOR/MASTER AS STATED IN CHAPTER 19.28 RCW AND TO NOTIFY THE DEPARTMENT WITHIN 10 DAYS OF A CHANGE IN MY ASSIGNMENT STATUS AS AN ADMINISTRATOR/MASTER.

Date:	Administrator's Signature:
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ADMINISTRATOR/MASTER'S SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

NOTARY SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS	MY COMMISSION EXPIRES ON:
DATE:	
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

ASSIGNMENT CONFIRMATION:

I am the owner, partner, principal, or an officer of the contractor above. I confirm the above applicant is to be assigned as the designated administrator/master for this contractor's license to perform the administrator/master's duties per chapter 19.28 RCW.

Date:	Company Representative's Name (Print):	Company Representative's Signature:
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NOTARY NOT REQUIRED FOR COMPANY REPRESENTATIVE SIGNATURE

☐ Assignment

☐ Separation

Reason

Separation Date

Initials